

WARDEN REGISTRATION CARD

PLEASE COMPLETE THIS REGISTRATION CARD (PRINT CLEARLY EACH BOX) AND RETURN IT TO THE OFFICE OF AMERICAN SERVICES WITH TWO (2) PHOTOCOPIES OF YOUR U.S. PASSPORT AT:

Office Of American Services
 Registration
 American Presence Post
 30 quai Duguay Trouin
 35000 Rennes
 tel: 02.23.44.09.65
 fax:02.99.35.00.92
usarennes@state.gov

<i>Surname</i>		<i>First Name</i>		<i>Suffix</i>
<i>Local Address</i>				
<i>City</i>		<i>Care of (School...)</i>	<i>Zip Code</i>	<i>Country FRANCE</i>
<i>Gender:</i>	<i>MALE</i>	<i>FEMALE</i>	<i>Social Security Number</i>	
<i>Date of Birth (MM/DAY/YYYY)</i>		<i>Place of Birth (City/Town, State, Country)</i>		
<i>Home Phone Number(in France)</i>		<i>Work Phone Number (in France)</i>	<i>E-mail (please print clearly)</i>	
PASSPORT #		DATE OF ISSUE	DATE OF EXPIRY	PLACE OF ISSUE
<i>Departure Date from France (MUST BE COMPLETED)</i>		<i>Duration of stay in France:</i> weeks months years	<i>Resident:: Yes / No</i>	<i>Purpose of Visit: (Tourism, study Business, other)</i>

EMERGENCY CONTACT INFORMATION

<i>Surname</i>		<i>First Name</i>			
<i>Emergency Contact Address</i>		<i>City</i>			
<i>Zip Code</i>	<i>State</i>	<i>Country</i>			
<i>Relationship</i>		<i>Phone Number</i>			
				<i>MEDICAL ALERT</i> YES NO	
<i>COMMENTS :</i>					
PRIVACY ACT WAIVER <i>In the event this office is contacted by family or friends inquiring as to my welfare or whereabouts, I DO or DO NOT authorize release of the information contained in this card: (See Reverse for text of Privacy Act.)</i>	<i>FULL Waiver</i>		<i>NO Waiver</i>		<i>LIMITED Waiver</i>
	<i>Family</i>	<i>Congress</i>	<i>Legal Representative</i>	<i>Medical</i>	
	Date:		SIGNATURE:		

DEPARTMENT OF STATE PRIVACY ACT STATEMENT

The information solicited on this form is authorized by those statutes of the United States which govern the acquisition and loss of the United States nationality, the issuance and denial of United States passports and related facilities, and the violation of those laws; including but not limited to those statutes codified in Titles 8, 18 and 22, United States Code, and all predecessor statutes whether or not codified, and regulations issued pursuant to Executive Order 11205 of August 5, 1966.

The primary purpose for which the information is intended is to establish citizenship, identity and entitlement to issuance of a United States passport or related facilities, and to properly administer and enforce the laws governing the acquisition and loss of United States nationality, issuance and denial of United States passport and related facilities, and violations of those laws.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a subpoena or court order directing the production of such information, and as set forth in the Federal Register Volume 40, (pages 40474 and 40475).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document or service.

SOCIAL SECURITY NUMBER: A Social Security number cannot be required. Due to the tremendous volume of applications processed annually, frequently two or more individuals will have identical names and dates of birth. In cases of emergencies, lost or stolen passports, the Social Security number may be used as a secondary means of identification and assist the Department of State in differentiating these individuals.

February 2002
